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NOTES ON SOME CASES OF CEREBRO-SPINAL MENINGITIS.

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Read at the Annual Meeting of the Barnstable County Medical Society.

ON Monday, March 24th, 1873, I was called to see Mr. C. E., a man about forty-eight years of age. He had been taken with chills and was then suffering from an intense pain in the back of the head and upper portion of the spine, with a hot dry skin, and pulse about eighty-five. There was severe pain in the knee and hand. On Tuesday, there was some swelling of the knee, and the middle knuckle of the hand was swollen, red and very tender. His intellect was perfectly clear. At the same time at which I saw this patient, another member of the family, a boy five years old, was also taken sick. He was seized with severe headache and vomiting. He had a small, rapid pulse, hot dry skin, cold extremities, gastric irritability and urgent thirst; a crop of purpuric spots covered his whole body; they were not raised above the skin and did not disappear an pressure. Very active delirium was present, with no knowledge of surroundings. The next morning, Tuesday, both the father and son remained in the same condition. Large quantities of morphine scarcely seemed to relieve the agonizing pain which the man suffered; he had no delirium then. On the evening of this day, I found them both with their heads drawn forcibly back against the spinal column, and it was not till then that I recognized the terrible character of the disease with which I had to deal and pronounced it cerebro-spinal meningitis. On Wednesday, Dr. Seabury, of Orleans, saw these patients with me and confirmed the diagnosis. The man had gone on rapidly from bad to worse; delirium set in with involuntary dejections. There was great restlessness with a constant desire for change of position; and he was moving about perpetually, seeking rest and finding none. The head was drawn so forcibly back that swallowing was difficult and painful. The cervical muscles and upper portion of the spine were extremely tender. He gradually passed into a comatose state, with dilated pupils, loss of the power of swallowing and labored breathing, and died on Sunday night, one week from the attack. No eruption was noticed on this patient. Early on Thursday morning, the fifth day

of the boy's illness, I was called to see him on account of his violent delirium. I found him screaming at the top of his voice, and exerting so much muscular power that it required a strong man to restrain him from throwing himself from the bed. His head was resting on the spine and the spine curved upon itself. I immediately subdued him with ether, and held him so till under the influence of an opiate. On Monday, May 31st, there was strabismus, one pupil being much larger than the other; considerable delirium with occasional intervals of intelligence. Neck forcibly retracted; extremities cold; pulse 110. Tuesday, April 1st, pulse 120. Intellect better; strabismus, with ptosis of left eye-lid, mild delirium; not much pain in head, respiration 30. The tongue, which had been covered with a white fur, and which, by the way, in all the cases which I have seen, was broad, tremulous, with a white coating and with the papillæ projecting through it, had begun to clean from the edge.

On Saturday, 5th, there was an increase of the brain disturbance as shown by more violent retraction of head and by lack of intelligence; the pulse was 120. The day following, the pulse was up to 136. There was complete deafness and blindness. When his body was not touched, he seemed utterly oblivious of externals, lying on his side in a perfect stupor; his pupils, however, showed some reaction to a bright light.

The cutaneous sensibility was greatly exalted; the lightest possible touch disturbed him. He seemed to want to be let entirely alone. He continued in much the same condition from day to day, one day worse, the next better; at times refusing all food and medicine, taking it into his mouth and spitting it out again. The blindness continued for several days; the hearing gradually improved. April 21st, twenty-ninth day of his illness, his pulse was 96, spinal irritation subsided and his neck was flexible; some strabismus, with great improvement in strength and intellect. From this time on, he slowly but steadily improved. His intellect was at first very weak, and all voluntary motions were uncertain and wavering. Fear has been a symptom almost constant with him. Seeing some imaginary object, he would begin to cry and dart under the bed clothes. It was impossible, latterly, to induce him to lie in the bed, so that for the last three weeks he has been almost all the time in the nurse's arms. His pulse is now very slow, not above 70, sometimes much less. Tongue perfectly clean; he will take nourishment freely, chiefly milk. Has his clothes on and seems fairly on the road to recovery.

The bowels have been very constipated throughout, no dejection being obtained except by cathartics.

I have two other patients in this same family, now sick with the same disease, but for the present will forbear mentioning them, except with regard to treatment. This has been conducted on general principles. During the early stage of the disease, when

there was great vascular excitement, with pain in the head and spine, I have used veratrum viride with bromide of potassium, and cupping at the nape of the neck and between the shoulders, followed by blistering. No measure has afforded so much relief to the cephalalgia and delirium as cupping to the extent of from 1 to 2½ ounces of blood. The delirium would cease, for the time, and the patient drop asleep. As the activity of the disease declined, I have administered full doses of quinine (and at times ammonia) and iodide of potassium, keeping up counter-irritation with cantharidal collodion. During the whole of the disease, I have fed my patients regularly with egg-and-milk mixture, beef tea, gruel and plain milk, together with stimulants. I have found nothing approach hydrate of chloral as a sedative agent; morphia can scarcely be named with it. In one of my patients, the latter not only did not quiet the pain, but made her wild with excitement, though used liberally, while fifteen to thirty grains of chloral would cause a quiet, refreshing sleep, with perfect relief to the pain. No praise, however extravagant, would seem too great to bestow upon this drug for quelling the excitement and procuring sleep in this disease.

With regard to the etiology of epidemic cerebro-spinal meningitis, there cannot be much said positively; but my researches in the four cases which I have had lead me to have some strong surmises. That it is a true blood-poison, I think is indisputable. The manner of its onset by chills, gastric irritability, eruptions, &c., with great depression of the powers of life, point to this. The fact, also, that four members of one family were seized, one after another, all within a week, with the same disease, points to some cause to which they had been subjected in common. Commencing my investigations with these premises, I found that they lived between two hills, or rather on the side of one of them. Between the hills, to the south, was a low, swampy marsh, while on the crest of the other hill was an old burying groud. A short distance east of the swamp was a pond, which was supplied largely from the swamp. There was another pond south of the graveyard, and another at the foot of the hill to the north. The family in which the disease appeared, has always used water from the pond near their house, which receives the drainage from the southern sides of this graveyard. The pond west of the yard has furnished water to two families located on either side of the pond; and the pond at the foot of the graveyard, on the north side of the road, has supplied a family living on the brow of the hill. There has occurred precisely what we might expect with our knowlege of the etiology of typhoid fever. In every one of these families, as far as I can ascertain, typhoid has prevailed. I myself attended one patient who died of it while a resident of one of these houses; and of the four patients with cerebro-spinal disease, two have had typhoid, one of them being the man recently deceased. Hence, I am forced to ask if the use of water, impregnated

with decaying animal matter, has not been the cause of the spinal disease in these patients. The unusual falls of snow during the past winter, and the consequent large amount of water which has percolated through this graveyard and found lodgment in the pond, must have taken up considerable quantities of waste animal matter; and hence it seems pertinent seriously to inquire whether cerebro-spinal meningitis, in an epidemic form, does not depend essentially upon the same poison that generates typhoid fever.

REMARKABLE NERVOUS PERTURBATION.

From a paper presented to the Medical Society of the State of New York, by C. A. Robertson, M.D., M.M.S.S., Member of the American Ophthalmological Society, Ophthalmic and Aural Surgeon at St. Peter's Hospital, Albany, and at the Troy Hospital.

The following case illustrates a curious reflex nervous action, and the phenomenon presented is, I believe, quite *sui generis*. Mrs. S., aged fifty years, was operated on for the removal of a senile cataract in the right eye. Patient was healthy, rather below medium size, and mentally a little sluggish. Her eyes were small and deeply set, with shallow anterior chambers.

A lower section of the cornea was made with Beer's knife, and, in order to secure ample room for the lens to make its exit with facility, the section was effected well in the sclero-corneal junction. After the removal of the cataract, which was readily accomplished, the corneal flap came nicely into apposition.

At the expiration of a week, during which time the patient had been kept very quiet, and before the eye-lids had been separated in order to ascertain the result of the operation, the patient began, for the first time, to complain of pain in the eye. On examination of the eye, union of the corneal flap was found to have taken place properly, but the iris was seen to be badly inflamed. Owing to the intolerance of light, no attempt was made to determine the degree of vision. The pain that had set in at this time increased, and was, from time to time, excessively severe. The malady, an *irido-choroiditis*, resisted for weeks every means employed for its mitigation.

Early one morning, she sent for me, and, on visiting her, she complained that she was suffering from a most intolerably noisome stench. She seemed unable to find language strong enough to express her disgust for the foul odor that tortured her, but the anguish portrayed on her face supplemented the narration which her tongue inefficiently essayed.

She said that an unpleasant smell commenced the previous evening, and gradually grew stronger and stronger, until now she could bear it no longer and live. She could compare it to no smell she had ever known before, for it was worse than all conceivable bad odors combined, she said. As there was no unpleasant odor in the apartment, perceptible to any one else, this was at once regarded as

a subjective sensation, referable to a reflex excitation of the olfactory nerve; in other words, it was a neuralgia in a nerve of special sense, and was undoubtedly aroused by irritation of the ciliary nerves consequent upon the operation.

In order to deliver her from her mephitic torture, at least temporarily, I made a hypodermic injection of a solution of sulphate of morphia into the arm. She soon fell into a tranquil sleep, which lasted three or four hours. When she awoke, the detestable odor was gone, and did not afterwards re-appear.

HYSTEROTOMY VERSUS DILATATION.—It is not many years since the introduction of the hysterotome, or some cutting equivalent, for the treatment of mechanical dysmenorrhœa and other uterine disturbances. And never operation so popular. Every woman who could get up a uterine sensation—and very few were unable to do so—was content only when her womb was under daily training with glittering instruments of cunning form. Fashionable ladies divided their time between the milliner and the gynæcologist, and this latter gentleman, when he had forced his way through the entrance of the matrix, *vi et armis*, felt he had done his country as much service as a United States soldier who should scalp a Modoc. Then came rumors of hæmorrhage, and of cellulitis and peritoneal inflammation. Then came doubts and misgivings, and a disposition to back down from the knife to the old method of dilatation—Simpson, we believe, leading the way and confessing that he had shed needless blood. So the hysterotome was threatened with ignominious discharge, like the lancet. Now comes Dr. Percy Boulton, and reads to the Harveian Society of London (*Obstetrical Journal* for April) an elaborate paper in defence of cutting as against dilatation. He adduces 900 cases operated on by Sims, Emmet, Greenhalgh, Tanner and himself, with only one death, and that in a patient who had tubercular peritonitis previous to the operation. The danger is from hæmorrhage and cellulitis. In 100 cases operated on by Dr. Tanner and himself, hæmorrhage occurred but once, and was easily arrested, a good recovery following; cellulitis never occurred. In 500 operations by him and Emmet, cellulitis occurred but once. In 300 cases by Greenhalgh, one had profuse hæmorrhage, which was relieved by plugging; five had cellulitis, and one fatal peritonitis, as already referred to. Inflammation, says Dr. Boulton, is no more likely to follow cutting than dilatation. On the contrary, the parts being in many instances congested, irritated or inflamed, incision is the appropriate remedy, and gives relief where dilatation would increase the difficulty and danger. Besides, simple dilatation often fails of a permanent cure, just as the extreme dilatation of childbirth is followed by a return of stricture. Dr. Boulton related six cases in which he had both cured dysmenorrhœa and sterility by hysterotomy, after the failure of the other method. In conclusion, he stated that, "although he did not consider the process as a universal panacea for every ailment of woman, and should not run into the extremes that Dr. Henry Bennet had lately indicated as possible, he was nevertheless of opinion that, in proper cases of mechanical dysmenorrhœa, hysterotomy was the most satisfactory mode of cure."—*Pacific Med. and Surg. Journal.*

Progress in Medicine.

REPORT ON THERAPEUTICS.

By R. T. Edes, M.D. Harv.

Alcohol.

Rabow (*Inaug. Diss.*, Strasburgh, 1872, and *Centralblatt*, 1873, 336) tries to show, in opposition to previous experiments of Binz and Bouvier (*Centralblatt*, 1871, p. 801), that alcohol does not prevent a febrile rise of temperature. He reports a case of peritonitis from perforation, in which the temperature rose from 38·8 C. to 38·9° within four hours, notwithstanding the administration of thirteen tablespoonfuls of Hungarian wine (equalling about three fourths of an ounce of absolute alcohol, or an ounce and a half of brandy). This result can hardly be regarded as astonishing, or as furnishing any strong proof against the views previously held. He also took one or two tablespoonfuls of brandy, or twenty-five c. c. of alcohol, at various times, and determined a rise of temperature of 0.01 to 0·03 C.

Daub (*Cbl.*, 1873, 466) criticizes the above experiments, by showing that a thermometer, held continuously in the axilla for an hour or more, often steadily rises 0·03 or more when no alcohol is taken. (That is, the axilla, kept continuously closed, approximates more and more to the interior cavities of the body.) Daub correctly remarks that measurements in the axilla are sufficiently accurate for clinical purposes, but not for physiological experiments, where it is a question of a small fraction of a degree.

Daub further showed that, in a person unaccustomed to alcohol, small doses caused a diminished rectal temperature, as compared with that of other days when alcohol was not used. As the person became accustomed to the alcohol, the result failed to be observed. In two children, one with chronic osteitis and the other with caries of the tibia, no heat-lowering effect took place.

Magnan (*Archives de Phygiologie*, 1873, Nos. 2 and 3) gives the results of his experiments upon alcohol and absinth, as follows:—

The immediate effect of alcohol, in a sufficient dose, is, in every animal, drunkenness.

The prolonged use of alcohol provokes, in the dog, beside the drunkenness which follows the administration of each successive dose of the poison, phenomena progressively more marked, which exhibit us the gradual evolution of alcoholism; from the fifth day of the intoxication, irritability and sensitiveness are observed; ten days after, illusions and hallucinations in the night; at the end of a month, delirium night and day.

The prolonged use of alcohol gives rise, in the second month, to trembling, which shows itself first in the hind feet, then attacks the fore feet, and extends progressively to all parts of the body. In no case is an epileptic attack provoked. Finally, the digestive troubles and various complications recall the conditions causing death in men suffering from the chronic effects of alcohol. The anatomical lesions of alcoholism in the dog show in different degrees: 1st, steatosis (liver, kidneys, heart); 2d, tendency to chronic irritations (meninges, spinal cord, pericardium).

Essence of absinth, in small dose, determines dizziness and muscular jerking in the anterior parts of the body; in the large dose, it causes epileptic attacks and delirium.

To the first stage of the attack of absinthism (tonic convulsions) correspond dilatation of the pupils, injection of the papilla and fundus oculi and congestion of the encephalon; phenomena which do not agree with the generally accepted theories as to the mechanism of epilepsy.

Animals deprived of their cerebral lobes present, under the influence of essence of absinth, epileptic attacks and jerkings similar to the convulsive phenomena in those animals which have undergone no mutilations.

After the section of the cord below the medulla oblongata, the intravenous injection of the essence of absinth provokes, first, a bulbar attack (tonic and clonic convulsions of the head with foaming at the mouth), and then a spinal attack (tonic and clonic convulsions of the trunk with expulsion of urine and fecal matter).

The isolated action of each segment of the spinal axis, in the regions which it supplies with nerves, accounts for the necessary influence of the whole of the organ in the production of the complete attack of epilepsy; and, on the other hand, taking into the account the sudden and immediate loss of consciousness, one must necessarily admit the direct intervention of the whole cerebro-spinal axis in the production of the epileptic attack.

Quinia.

Binz *(Archiv. für experimentelle Pathologie und Pharmakologie.* Bd. I. p. 18) gives, in more or less detail, the results of experiments made by some of his students and by himself in continuation of the researches so well-known in connection with his name. These relate chiefly to the premortal (that occurring between the emission from the artery and complete coagulation) and postmortal formation of acid in the blood, which gradually tends to neutralize its normal alkaline reaction. Of course the less acid formed by decomposition, the more will be required to bring it to a neutral condition, when the degree of alkalinity is to be measured by the gradual addition of dilute acid of known strength. It has been found that, when quinia is added to the blood, this decomposition takes place much less rapidly, and that the quininized blood retained, after digestion in open vessels, its alkaline reaction, while that without addition, undergoing the usual changes, required much less acid for its neutralization than if its capacity had been measured when fresh.

Sulphate of bebirin and picrate of soda acted almost as powerfully as quinia, while cinchonia seemed to have but little power.

Further experiments showed the retardation caused by quinia in the formation of isatin from indigo in the presence of blood and turpentine. Chloride of sodium, chloride of calcium, and sulphate of atropia, had no influence upon this reaction; strychnia, a little; hydrochlorate of morphia showed itself about equally active with quinia, while quinia was even surpassed by slightly basic hydrochlorate of cinchonia. Binz thinks this last result somewhat remarkable in connection with the facts determined by Johannson *(Inaug. Diss.*, Dorpat, 1870) that cinchonia is not inferior to quinia in its power of reducing

the bodily temperature, and surpasses it in reducing the amount of urea excreted. The action of quinia, in these last experiments, is exerted upon the oxygen bearing properties of the hemoglobin of the blood; since, when the experiment is repeated without blood, and the only oxidizing agent is the oxygen of the air or of the turpentine, the reaction seems to be rather favored than otherwise by the presence of the quinia. If it is true, as seems probable both from these experiments and from those of Manassein upon the change of size in the red blood-corpuscles under the influence of fever, of cold, of quinia, alcohol and prussic acid, that quinia diminished the power of these corpuscles to give off oxygen, then we have another way in which this alkaloid may be supposed to check the activity of the inflammatory process.

Binz has convinced himself that, in the well-known experiment of Cohnheim, the explanations often given thereof, viz., change in pressure and friction, are inadequate, and that a supply of oxygen to the white corpuscles sticking to the walls of the vessels, from the red corpuscles floating by them, is an essential part of the process.

No emigration takes place when no red corpuscles are present. Under these circumstances, the negative results of Balogh were obtained.

Consequently, we have in quinia an agent which opposes suppuration, both by directly diminishing the activity of the white corpuscles, as can be seen under the microscope upon a warmed object glass, and by cutting off their supply of oxygen.

M. Bochefontaine *(Archives de Physiologie*, July, 1873, p. 389) has repeated some of the experiments of Binz, upon the effect of quinia, in killing the minute organisms accompanying putrefaction. Although evidently wishing to oppose the conclusions of Binz, his results are by no means diametrically opposed thereto. He says: "The neutral hydrochlorate of quinia, in a solution of one per cent., acts energetically on the vibrionians of putrid blood, but less energetically than Binz thinks, who attributes to a solution of this salt, of $\frac{1}{800}$, the property of instantaneously killing all the vibrionians. We see, on the contrary, that our more concentrated solution does not act, immediately at least, on the bacterias which usually resist energetic agents. The resistance is not long in this case; yet, in three days, one finds again some active granulations in the mixture of $\frac{1}{100}$."

If M. Bochefontaine reads more carefully either Binz's work or the notice of it, from which he took his information *(Archives de Physiologie*, 1868, p. 747), he will see that Binz does not make the statement attributed to him, but says the solution mentioned kills, at once, the *larger* infusoria present in putrefying solution *(Paramecium and Colpoda)*, agreeing indeed with a later statement of Bochefontaine, viz., that the monads, paramecia and colpodæ, die before the vibrios.

He finds, without however using the very dilute solutions of Binz, that the vibrios are after a time killed, and, in describing the organisms still found in movement after the action of quinia, expressly states that they were *granulations* or *very short "bâtonnets,"* and that their movements are chiefly of gyration and not translation. "The long and short vibrios of putrid blood, endowed with extended movements more or less rapid, have completely disappeared."

In one experiment, however, where a putrid solution contained $\frac{1}{800}$ of neutral hydrochlorate of quinia, he says that some of the vibrios

have movements of displacement sufficiently lively and extensive. M. Bochefontaine attributes to M. Binz a much firmer belief in the origin of intermittent fever from palmellæ in the blood (according to Dr. Salisbury), than the compiler is able to discover in his writings.

IRON.

The Medical Times and Gazette, June 7, 1873, gives quite a full abstract of an article by Boussingault. in the *Annales de Chimie et de Physique* of Dec. 1872, containing a large number of determinations of the amount of iron in the blood and flesh of various animals, and in many articles of food. No new conclusions are drawn, but the article is a valuable one for reference.

(To be concluded.)

RUPTURE OF THE JEJUNUM, FROM A FALL, IN A GIRL ELEVEN YEARS OF AGE. By E. HOLLAND, M.D. Lond.—H. P., described as a delicate, lively, and "fly-away" child, fell, at 4 P.M., and struck the umbilical region forcibly against the edge of the stairs. She uttered a sharp cry, got up, walked upstairs alone, vomited the contents of the stomach untinged with blood, complained that she could not draw her breath, and lay down and slept for half-an-hour. On awaking, she got up, walked about, talked freely, and, though seeming faint, made no complaint of pain. At 9 P.M., she went to bed, without supper, and slept soundly till 4 A.M., when she awoke and asked for water. Afterwards, she slept till 6 A.M., when she awoke and again asked for water. At 8 A.M. she walked in her nightdress to an adjoining room, and, without complaint of pain, asked for water and ice. At 12, she walked alone down stairs and lay down on some chairs, and, complaining a little of pain, had some hot flannels applied, but requested them to be removed on account of the "weight." At 4 P.M., for the first time, she asked for something to eat, and, after taking a few mouthfuls of an egg pudding, she vomited, fell back pale, and died without movement.

At the necropsy, thirty-six hours after death, the abdomen was found to be distended with flatus and fluid, and the umbilical region discolored by bruising. The peritoneal cavity was filled with a serofiaky fluid, deeply tinged with bile. The peritoneum generally was minutely injected, and more or less universally covered with soft lymph. The jejunum was ruptured for nearly half of its circumference, twelve inches from the pylorus, and presented a bruised appearance on each side of the rupture. On cutting open the gut, it was found healthy, and its mucous membrane upraised by extravasated blood in the neighborhood of the rupture. There were no adhesions externally around the rupture, no thickening of the edges, and the latter dovetailed when laid side by side.

Comments.—The interesting features of this case are—first, the slight cause, which can only have its results explained in the delicacy of the fibre resulting from youth, and a state of health below par; secondly, the apparent absence of any severe suffering or shock, so that the friends did not consider her ill enough to require medical attendance until the fatal syncope set in, twenty-four hours after the injury; thirdly, the sudden termination, with vomiting, after taking food.—*British Medical Journal.*

Bibliographical Notices.

On Marienbad Spa and The Diseases Curable by its Waters and Baths. By Apollinaris Victor Jagielski, M.D., Berlin, late Physician to the Prussian Army, author of a Treatise on Koumiss and its use in Medicine, &c. &c. London: Trübner & Co., 57 & 59 Ludgate Hill. 1873. Pp. 185.

If Marienbad possesses a tithe, only, of the beauties and attractions attributed to it by the enthusiastic author of this interesting and carefully prepared volume, it must be a welcome and delightful resort for the invalid, and for the pleasure-seeking tourist. As a rare and rich wine has an added zest, and a fuller bouquet, when quaffed from a delicate and ornamented glass, so must the health-giving waters of Marienbad Spa acquire more potency and be more acceptable when imbibed in the midst of such delicious surroundings. As Sparkling Burgundy, or Veuve Clicquot Champagne, from an earthen cup, so would be the waters of Marienbad from an equally uninviting chalice! Does any doubt of this enter the minds of our readers? A little of the author's description is sure to dispel it. Listen!

"Nestling in a lovely balsamic ravine, 1912 feet above the level of the North Sea or German Ocean, overtopped by mountains capped with beautiful pine-forests, lies Marienbad, in the district of Eger, in the kingdom of Bohemia, which belongs to Austria, twenty-four German miles from Prague (1 mile German = 4½ miles English), five German miles from Eger, Frazensbad, and Karlsbad, and at a distance of ten German miles from Pilsen, Hof, and Plauen.

"Mountains covered with dark evergreen forests surround Marienbad on all sides but the south. Magnificent parks, delightful pleasure walks and drives, are interspersed among the gentle slopes and hills. It is the soft mellow character of the scenery, rather than its grandeur, which refreshes and cheers the impressionable and feeling heart. There is a beautiful contrast between the stern dark summits and the lively green plain, through which, from the very foot of the ravine, small rivulets gurgle along, like the Steinhaubach, Schneidbach, and Hamelicabach, all paying tribute to the waters of the Auschowitzerbach. The well-tended flower-beds, rich in color and fragrance, the neat snow-white cottages, harmoniously combine to form a landscape so overpowering with charms, that whoever is enticed within its bewitching circle is thrown into a blissful ecstasy, which banishes for the time all his bodily and mental ailments and troubles;—the first step to a lasting recovery. Whoever sees it for the first time, will exclaim, as others have done before, 'Oh, what a delightful situation! how charming! It is more lovely than any other spa I have ever seen,' &c."

The book is divided into short chapters, and appropriately opens—as we have seen—with an account of the situation and peculiarities of the country where the spa is found. The *climate*—said to be "that of Central Germany"—is, from the description, all that could be desired. The high elevation of the land removes relaxing qualities from the air in summer, and ozone is abundant. Pine forests offer their "balsamic" additions. "The health of the inhabitants is excellent throughout.

Epidemics never approach, and cases of severe or dangerous illness usually terminate favorably." Physicians cannot expect to thrive in such a locality. It is therefore supposable, that, except for giving advice as to taking the waters, their presence is unknown or barely tolerated, for, "no inhabitant has ever yet been attacked by cholera, and altogether the climate appears singularly suited for curing local complaints, poverty of blood, and nervous diseases; in all which the so-called air-cure produces the most surprising effects, so that mere residence and open-air exercise in Marienbad and its environs is often a sufficient remedy." (p. 3.) In view of these assertions, so constantly predicated of many watering-places, and, doubtless, in the majority of cases, with much truth, we question whether, in justice to ourselves, and in view of the necessity of earning our daily bread, we ought, as we nearly always do, unconditionally to recommend them!

The account of the various pleasant "Excursions" in the Environs of Marienbad, is certainly very tempting; and no less so, it may be, is the naïve assurance to the visitor—"Everywhere coffee!" Here, we suppose, is where the physician's authority may come in, and, although coffee may be everywhere, it may not be for everybody. The volume is a veritable guide-book in the matter of these excursions, and proceeds from the nearer to the farther. Under the head of Distant Excursions, a detailed account is given of "Koenigswart and its Castle," really very interesting. Some strange and valuable relics are enumerated: "Mary Stuart's hair; the comb of Marie Thèrese; and what is of present interest—in view of the invasion of Spain by their whilome wearer—Don Carlos's baby-clothes" (if, as we suppose, this is the active Don Carlos of to-day), out of which he seems very decidedly to have escaped!

Next comes a chapter on "Hygiene, Diet, and Regimen," headed by the motto "Health is seldom valued until it begins to fail, and then only by reason of absolute necessity"—words worth pondering well, and suggestive of many lessons. We have carefully examined this chapter, and can only say that it is excellent throughout, and may be read to great advantage by all who value their health and comfort, whether they go to Marienbad, or any other spa, or not. Certain hints are so *apropos* that we are constrained to specify them by a few extracts. "Another grave mistake is to suppose that *concentrated* food, or a particular kind of food *highly concentrated*, is turned to better account by a debilitated stomach than moderately nutritious food." * * While recommending water as the "best *beverage* for the maintenance of health," the author very wisely animadverts upon its abuse—and his advice may be advantageously followed everywhere in our own land—in countless cases, often with the result of annihilating dyspeptic troubles, as we can testify from personal observation. "The indiscriminate use of water, as sometimes practised by persons at hydropathic establishments, is to be deprecated * *" "A general rule in respect to water-drinking may be laid down. Do not drink water with or just before your dinner, nor for an hour after, lest the digestive process be retarded." (p. 36.) An excellent "rule," and one we have long been in the habit of "laying down," especially for the dyspeptic; and more commonly extending the "one hour" to two. It would be far better for the community, if the everlasting pitcher of iced-water were removed from many tables where it tempts only to

betray. Hotels, boarding-houses, private houses, offices, steamboats, railway cars, and every other place possible for its dispensation, offer the delicious but too often injurious draught. But, here as in regard to watering places in general, we must not say too much, lest our "occupation" suffer, more or less!

As we go on with this same admirable chapter, we have a full and highly interesting account of the famous "*mud baths*" of which so much has often been said. Other forms of bathing are also described.

The Bottling and Exportation of the Waters next engages the author's attention, and very minute details thereof are furnished. The two principal springs whence water is exported, are the Kreuzbrunnen and the Ferdinandsbrunnen. Careful chemical analyses are given; and a most entertaining description of the earlier use of the waters by Dr. Nehr, who wrote the first practical work on Marienbad's natural "springs," forms a part of this chapter. The volume appeared in 1813, and its author died in 1820.

After an elaborate *exposé* of the "Physiological Effects of the Mineral Waters," the author enumerates certain *contra-indications* for the use of the waters. This is an honest and judicious provision, especially in view of the very lengthy list of ailments, afterwards enumerated, in which "good results" are claimed for the waters of the Marienbad Spa. It would lengthen this article beyond admissible or endurable limits, to mention, even, all the fleshly ills pronounced by Dr. Jagielski to be more or less amenable to these wondrous waters. We do not venture to sit in judgment, but if there must be a little of the *cum grano salis* with which to take these statements, every one must admit the thoroughness with which the author has executed his task—doubtless to him a pleasing one—and we may truly say likely to furnish a very useful guide to all who visit the localities he so pleasantly and learnedly discourses upon. Some of our *confrères* will, perhaps, with us, read with a degree of inward questioning, that, by the use of the Marienbad waters, "a very large fatty liver" may be reduced "to its normal volume and state." (p. 113.) The writer refers, he says, to the "fatty infiltration" of Frerichs. Niemeyer, however, is quoted, as testifying to the diminution of fat under the use of the Marienbad and Karlsbad waters; and this is cited, by our author, under the head of "Fatty Heart." He goes on to say, in this connection—"The fact is, that the difficulty of breathing disappears when the weight of such persons has decreased, the heart-sounds become clearer, the pulse fuller and more frequent, and the general condition of the patient more satisfactory." (p. 126.) Very gratifying, certainly; but, of course, temporary amendment and cure are two distinct things.

We must commend these points, and all the extended medical discussions—or presentations, rather—to the careful consideration of our medical brethren; and we do not doubt but that the invalid and the traveller will both derive advantage and pleasure from the perusal of the work. They can entrust the graver topics to their professional advisers, and appropriate the rest to themselves. The book is admirably printed; as yet, we have remarked but one typographical error. Its size and compactness make it a fit pocket-companion, and for frontispiece it has a well-executed plan of Marienbad—Situationsplan von Marienbad; which see, and, with us, "accept the situation."

W. W. M.

Boston Medical and Surgical Journal.

Boston: Thursday, September 18, 1873.

The great success attending the introduction of Hospital Sunday in London, this summer, has placed this charity upon such a solid footing, that it is likely soon to be adopted by those cities of Great Britain that have hitherto held aloof from the movement, and to become, ere long, a well-established English institution. It was first started in Birmingham, in 1859, for the purpose of relieving the general hospital of that city from debt, and about £5,000 were collected, and the city has averaged since about £4,000 per annum. Manchester followed her example in 1870, collecting about the same sum. Liverpool came next, and the movement then extended rapidly to a number of other smaller towns. The medical charities of each town, sometimes to the number of twelve or more, share in the distribution of the profits. The movement appears chiefly to be in the hands of the clergy, and almost every religion and creed are represented. Every means is taken to render the collection a large one; circulars are distributed freely for some time before the day on which the collection is to be made, both among the members of the various churches and in all places of business. The sermons are carefully prepared beforehand, and each minister does his utmost to make the contribution of his church compare favorably with those of others.

It was not until this year that the movement extended to London, and the preparations made to insure its success were attended with the most gratifying results. The large sum of £27,403 was realized. All classes participated in the undertaking; the Prince of Wales attended service at St. Paul's in honor of the occasion. The difficulties in the way of the distribution of this money, in such an immense city as London, were very great. Sixty-four hospitals were to be provided for, to say nothing of many dispensaries and other charities.

A number of these larger hospitals, which are well endowed, received a considerable sum, while that awarded to many of the smaller institutions was quite paltry, and, although the committee of distribution had given a great deal of anxious care to the subject, not a little dissatisfaction was manifested. In other cities, however, we hear of no such complaints. In endeavoring to introduce such a desirable form of charity as this, the following points are stated by the *British Medical Journal* as being necessary for success: "1. To obtain the concurrent action of the clergy and ministers of all denominations, who, as they have done in other towns, must, no doubt, make great

sacrifices, and must put aside all their jealousies and differences of religion for this object; 2. To obtain the aid of the press; 3. To form a simultaneously acting, simple and effective organization, with the one idea of determination to succeed." With such encouragement for success, we commend Hospital Sunday to the physicians and clergy of Boston. The well-known liberality of our citizens and the size of the city both favor such a movement. Our medical charities would thus be brought into a more prominent light before the community, and an opportunity be offered to the large class of people who avail themselves of them, to contribute, in some measure, to their support.

A COMMUNICATION in another column gives the liquor law from a prohibitionist's point of view. We cannot see that he advances anything new or likely to convince those who believe that the vice of drunkenness in our state may be diminished by other means than the arbitrary ones to which we are at present obliged to submit. He cites authorities to show that the abuse of alcoholic stimulants is an evil which it is highly desirable to remedy, with which, of course, we agree. We look in vain, however, for any suggestions as to how this is to be accomplished by legislation. Any measures, legislative or otherwise, which would make the keeping of that abominable American institution, the "bar room," an unprofitable business, we should hail with delight. But absolutely to prohibit the sale or even the manufacture of any form of drink containing over a certain percentage of alcohol, is as arbitrary and oppressive as it is ineffectual. We might point, among other things, to the records of the criminal court or to the druggists' opium account, did we desire to produce testimony to this effect. We are inclined to the belief that the right of society would more surely be maintained and its status improved in this respect by persuasion and education, rather than by such sweeping and compulsary legislation as is urged by our "dispassionate" country practitioner.

THE following notice has been sent to the physicians of Boston, and others interested:—

The ambulance of the Massachusetts General Hospital, accompanied by a Medical Officer, will be despatched to any point north of Dover and Berkeley streets, for the conveyance of cases of *accident*, or *urgent sudden sickness, not contagious*, to this Hospital, or elsewhere, upon notice from a Physician, the Police, or other responsible source, subject to the approval of the undersigned.

In cases requiring gratuitous treatment, no charge will be made.

By order of the Board of Trustees.

NORTON FOLSOM, M.D.,
Resident Physician, Mass. Gen. Hospital, Blossom St.

Boston, Sept. 1st, 1873.

We have had opportunity to inspect the vehicle provided in such liberal spirit by the Trustees of the Hospital. It is a handsome four-wheeled wagon, made by Curley, of New York, adapted from the model of the ambulances in use in that city, drawn by one horse, and with its purpose conspicuously emblazoned on its sides, to ensure consideration from other vehicles in crowded thoroughfares. It is fitted with an upholstered litter on friction rollers, and an inside seat for an attendant. Space for surgical appliances is provided beneath the driver's seat.

There seems to be no good reason why Boston should not possess an organized ambulance system like that of New York and other cities. It is to be hoped that our City Government may follow this excellent example.

THE PROPAGATION OF TYPHOID FEVER BY MILK.—It is well known in this vicinity that typhoid fever has recently prevailed, to an alarming extent, at one of the most popular summer resorts. The cause assigned has been defective drainage, and an unpardonable neglect on the part of the proprietors of the public houses to provide proper hygienic surroundings for their guests. The latest London Medical Journals report a frightful outbreak of typhoid fever in their city, which cannot be traced to direct importation nor to defective drainage; for the hygienic conditions of the households attacked were the best that could be secured. In fact, "the cause of the epidemic seemed, at first, very mysterious, but," says the *London Medical Record*, "a clue has been suggested which leads pretty surely through the maze. The consideration of the character of two outbreaks in his nursery, led Dr. Murchison to suspect his milk-supply as being the vehicle of the poison. Of forty-three families reported as suffering from typhoid fever, it was found that, although living in different parts of the town, forty were supplied from the same dairy, and a committee of inquirers have proceeded to the farms, whence the supply of milk is drawn, to investigate the possibilities of foreign sources of infection to the milk of these farms.

The Medical Times and Gazette, of Aug. 15, 1873, contains an article on the "Propagation of Zymotic Diseases by Milk." It quotes the opinion of various writers who have held that certain outbreaks of typhoid fever could be clearly traced to contaminated milk, and states that there is evidence that milk may be contaminated with the contagion of zymotic disease, and yet be apparently of fair quality and present the chemical characters of a normal unadulterated fluid. It is believed that not only typhoid fever but other zymotic diseases can be propagated through milk.

As to the ways in which contagion may be introduced into milk, there are two—through water and through air. "The most obvious channel of mischief is undoubtedly water, used either for purposes of adulteration or, it may be, accidentally introduced in processes of cleaning, etc. Knowing as we do how infinitesimally small is the bulk of solid contagium capable of conveying vaccinia or variola, it is impossible to deny that the most trifling accidental addition of in-

fected water may be sufficient to contaminate a considerable quantity of milk. A speck of contagious matter from a typhoid patient left in a can, by the water with which it was washed, may do all the mischief. But it would seem that even admixture of water is not necessary. In the case of the second Leeds outbreak, reported on by Dr. Robinson, the inmates of the dairy farm, whence the milk came, were the victims of typhoid fever; the water supply of the farm was remarkably pure, being obtained from a source at a higher level than the house; but the sick were in a room communicating with the diary, those who nursed them attended to the milk, the sanitary arrangements were as bad as possible, and the house, cow-house and dairy seem to have been in an atmosphere of emanations from the sick. In the case of the Penrith outbreak, three children were down with typhoid fever; their mother nursed them; she milked the cows which were kept in a byre adjoining the house; the milk was brought into the room where the children were lying sick, and there it remained until distributed to the customers, many of whom took the disease.

"Still we must acknowledge that these facts have not the precision which would warrant us in asserting that pure milk, exposed to an atmosphere of contagium, is certain to become a vehicle for its propagation. It probably is so, but absolute proof is yet wanting. The evidence in favor of the contamination of milk by water containing febrile poison is stronger, and it is supported by the known facts of the propagation of enteric fever by the water-supply. That milk will convey zymotic disease, we hold to be absolutely proved; and it is a question whether it is not one of the most certain and dangerous modes by which it may be disseminated. Itself an organic fermentable fluid, it may be that it is suited for the conveyance and spread of zymotic poison in a higher degree than either water or air."

Report of the Committee on Diseases of the Nervous System.* Dr. Bartlett, of St. Peter, chairman of the committee on nervous diseases, after sending to the physicians of the State a circular containing the questions reported herewith, presents, as follows, his summing up of their replies:—

St. Peter, Minn., Feb. 24, 1872.

Dear Doctor:—In order to make a thorough and practical report on nervous diseases of this State, your assistance is most respectfully and earnestly solicited.

1st. What have been the prevailing forms of nervous disease in your practice?

2nd. Have these diseases differed in any manner from the same forms as experienced in other States?

3rd. Have you seen any cases of chorea? What treatment has been most successful?

4th. Has neuralgia about the face and head been a frequent complaint? and more especially among women? What treatment has been most successful?

5th. Have you seen many cases of insanity? What, in your opinion, has been the most prominent cause?

Please answer the above as fully as you are able, stating also in

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* From the Transactions of the Minnesota State Medical Society, 1873.

what other State or States you have previously practised medicine, adding any suggestions that may occur to you as of interest to the committee.

1st. Neuralgia, in various forms, that may be *distinguished* by external, or surface pain, or pain along the nerve track and its branches, is the most common disease of the nervous system. If we speak of the diseases of the nervous system in its *broadest sense*, we may include almost the whole catalogue of diseases on record, as all diseases affect the nervous centres, more or less, whatever their cause or origin, and manifest themselves by reason of that system; but, for present purposes, we limit our report to such diseases as we suspect exist primarily in the *brain* and *spinal cord*, with their *coverings* and *connections*. Notwithstanding the earnest efforts of modern pathologists to solve the mysteries of these nervous complaints, it must still be confessed that they are yet involved, to a considerable extent, in obscurity, and that the treatment is largely *experimental* rather than *philosophical*. Nevertheless, progress has been made in consequence of these researches, and much suffering is now relieved by direct and simple methods of treatment. The treatment for this form of disease, viz., neuralgia, as given in these replies, is uniform, and the success generally reported as satisfactory.

2d. In answer to our second inquiry, we learn that these diseases do not differ essentially from the same forms met with in other States of a northern climate.

3d. In answer to our third, that Chorea, although occasional, cannot be considered as *frequent* in Minnesota.

4th. In answer to our fourth question, it is stated by all, except one or two, that the most frequent seat of neuralgic pains is about the head and face, and that women suffer more in this respect than men, though the latter are by no means exempt. No cause has been assigned for this, except in one instance, where decayed teeth were suspected. One fact concerning this climate in connection with the frequent form and seat of neuralgic pain, has not been mentioned by any respondent, but it has seemed to me of considerable importance. I allude to the prevailing strong and cold winds, which none can fail to notice as a constant cause of irritation to animal nervous systems.

It may be said, if this be so, then *men* should suffer more generally than *women*, as they are necessarily more exposed to this cause. But it may be stated, in reply, that men are better protected, both by nature and artificial means, from this exposure, and that women are frequently tempted, by short errands, to indulge in exposure in the open air directly from heated rooms, without any covering to the head, and that the face and forehead at the best, when supposed to be dressed for out-door exercise, are not allowed any covering by modern fashion. When it is *possible* for women to grow beards, or encase their heads and faces in *homely* fur-lined hoods, at every out-door exposure during cold weather, then *possibly*, and even *probably*, they will be able to bear *this climate*, or *any climate* of ice-cold winds equally as well as men.

In respect to the fifth and last question of the circular, in regard to "Insanity in this state and its causes," only observations of a few cases have been reported, and not enough to classify causes to any extent. As my own experience here has been confined almost

exclusively to cases of this description, I will briefly state, in conclusion, some of the leading facts concerning the subject, in Minnesota, at the present time.

5th. It is thought by many, who have not investigated the subject particularly, that insanity is *unusually* prevalent in our State; but the facts, so far as my observations extend, do not sustain that supposition. To the best of my knowledge, we have not more than five hundred insane persons in the State at the present time, which gives us one and a fraction to every one thousand inhabitants; while one to four or five hundred is the average in the older States, and where statistics have been carefully made. It is true that the number is increasing, but not, probably, out of proportion to the increase of the population. A *new State* should not, *theoretically*, have so many insane as one where chronic cases have been accumulating for several generations; and *practically*, I think, this is generally true; California may form an exception, as the number of insane in that comparatively young State is enormous; but the frequent and bitter disappointments, "the hopes deferred," of the seekers of sudden wealth, in connection with the exciting life led by all, both fortunate and unfortunate, may account, in some measure, for the fearful waste of mental power and integrity witnessed there.

The climate of this State, having an extensive reputation as one favorable for persons afflicted or threatened with lung diseases, tuberculous or otherwise, has attracted hither invalids with these difficulties, in large numbers, and we should naturally expect to find "ill health" arising from tuberculous disease, inherited or developed previous to a residence here, conspicuous among the causes of insanity; but the facts, so far as the histories of patients admitted to the State Hospital for the Insane inform us, do not accord with this expectation. "Ill health" is frequently assigned as a cause, but it has generally followed some acute disease, such as typhoid fever, or physical exhaustion from causes depressing to the vital forces, hard work, poor and insufficient food, uncomfortable homes, domestic troubles, conditions following the puerperal state, pecuniary anxiety, and nostalgia. The latter, obscured by other and prominent symptoms, is not assigned as a *primary* cause so often as close investigation would undoubtedly demonstrate it to be; the social relations holding a controlling influence on the feelings and habits of life, and the rupture of these ties by a large number of the present population of our State, must result in a severe strain on the mental forces, and especially as many of those called to endure these changes and trials have few resources within themselves, and not much of that strength that springs from a thorough cultivation of the intellectual and moral powers of the mind.

Intemperance, though a prolific source of evil of every kind and grade to those who indulge in strong drinks, and to their descendants, does not appear more fully represented by its victims, mentally disturbed, in this State, than elsewhere; and "the excessive use of tobacco" is not more frequently noted as a cause of insanity *here* than in the East, where it does not appear so constantly and so universally consumed by men as in the western States. Solitary vice, either as a cause or consequence of insanity, is, apparently, more general here than in the eastern States. Two reasons may be given

for this: the difference in the number of the sexes, the males being in the excess, and the stimulating character of the climate on the passions and temperaments of men.

A comparison of the causes of death, among the insane, between this State and one of the eastern hospitals is interesting in relation to the frequency of phthisis in the two portions of our country. Of the 92 deaths that have occurred among the inmates of the State hospital since its opening, only 8 are reported as caused by phthisis; and one of this number came from Massachusetts in the last stage of the disease, became maniacal, was admitted to the hospital and died soon after. This small number of deaths seems more remarkable, when we consider the large number of invalids seeking homes in this State, on account of their pulmonary difficulties. Leaving out of our calculation the one alluded to, we have only 7 in 92, or 1 to 13; or, rejecting fractions, about 7 per cent.; while in the eastern hospital mentioned, where the record was mostly kept by my own hand and the statistics would naturally follow the same rule as to accuracy, of 359 deaths, 127 are attributed to phthisis, or more than 1 to 3, or, in other words, more than 30 per cent. of all the deaths; and this rule holds true of other institutions of the eastern States and of the Canadas. While these wide differences exist as to this disease, the numbers reported as dying of marasmas, a gradual decay of both body and mind, are almost the same in both places; and, in regard to other prominent causes of death, there is no particular distinction.

This, Mr. President and gentlemen, we beg leave, respectfully, to submit as our report.

C. K. Bartlett,
Chairman of Committee on Diseases of the Nervous System.

The Abuse of Chloral.—*The Lancet* of May 3d, 1873, states that from various quarters it has received trustworthy reports which leave no doubt that this very valuable medicine is being grossly abused by the public. The public should be plainly told that chloral is no more to be administered by unskilled hands than is opium or strychnia. There are several ways in which its improper use may cause serious mischief. In the first place, a single dose may cause death by failure of the circulation, and there seems to be very great differences between persons as to the dose which can be taken without danger of this fatal catastrophe. The other possible results of chloral are chronic. Where it is taken without proper reasons, repeatedly for a considerable time, it may produce either or both of the following effects: it may seriously affect the intelligence and memory, or it may produce partial paralysis of the limbs. The latter is a fact which, though the *Lancet* has not seen it anywhere recorded, is, nevertheless, becoming known to observant practitioners, and will henceforward have to be reckoned as a possible consequence of the rash use of chloral. Besides all these things, chloral is fully as guilty as opium or any other recognized narcotic of the tendency to render those who take it the slaves of habit; and it is by no means certain that the moral enfeeblement which it thus induces is not even greater than that of opium-eating, unless the latter be carried to great excess.

Modified Lithotomy Staff.—Dr. Lewis D. Mason has invented a novel lithotomy staff, consisting in the combination of a catheter and a grooved staff in the same instrument, a description of which in words would not be of much use without the aid of wood cuts. The advantages claimed for this double instrument are the following:—"Having the solidity of a sound, combined with all the advantages which a catheter possesses, an opportunity is afforded to examine or sound the bladder easily and rapidly under various conditions, viz.:—full, partially filled, or empty, without removing the sound; fluid being injected into or drawn off through the canula to fulfil either of these conditions.

"Another advantage is the triple capacity in which the instrument may be made to act, as sound, catheter and staff, *without necessitating its removal from the bladder*, thus saving multiplicity of instruments, abridging the period allotted the operation, avoiding additional irritation of the urethra, and preventing loss of fluid from the bladder, which not uncommonly follows withdrawal of the catheter, or occurs subsequently during the introduction of the staff.—*New York Medical Journal*, May, 1873.

Correspondence.

"The Prohibitory Law in the Light of Sanitary Science."

Messrs. Editors,—Permit me to say as a long time friend and reader of the Journal, that I have occasionally noticed, of late, comments in its columns bearing on the question of temperance reform, breathing a spirit unfavorable, I fear, to the cause of humanity. Impressed with a sense of high respect for its eminent editors and contributors, I have not felt it my duty to speak until I read the editorial of Aug. 28th, entitled "The Prohibitory Law in the Light of Sanitary Science," when not only a sense of duty, but also of self-respect and professional reputation forbid my longer remaining silent.

In the article referred to, after expressing a "strong feeling of indignation" at the recent liquor seizures by the State Constabulary, you say, "It is a well-known fact that the best medical authority is in favor of the introduction of cheap, light wines and the use of beer as the best means we have at our command to diminish drunkenness. Testimony has not been wanting in quantity or quality, and, in the face of it all, we are actually subjected to these daily outrages by a miserable set of pie and bean fed politicians, who do not appear to be acquainted with even the most common rules of health. The wretched physique of the poorer class of Americans in the country, is evidence enough of this deplorable state of ignorance." Further on, you blame "country practitioners for this state of affairs," and say, "every good physician ought to feel, in part at least, responsible for, and ashamed of the liquor law." Now supposing it were a well-known fact that the best medical authority is in favor of the general use of wine and beer as the best available means of diminishing drunkenness, should the conscientious and intelligent masses of a free and civilized community, constituting an independent state, be abused for not discontinuing at once, on the mere *ipse dixit* of medical authority, a course of reformatory measures which appear to them rational and effectual, especially when the alternative proposed by medical authority appears to most minds absurd, and contrary to general experience? But it is not a well-known fact, I think, that the best medical authority is in favor of the use of wine and beer as above stated. Nor, indeed, is it a fact at all, so far as I know, unless reference be had simply to

the position taken by Dr. Bowditch in his late inquiry regarding "Intemperance in New England," for I think now of no other eminent medical man or men who has recently published similar views. And of Dr. Bowditch's fifteen propositions for treating intemperance in New England, I think prohibitionists object to only the fifth, sixth, and ninth, while they heartily endorse those in relation to the vending and drinking of alcoholic spirits, as thoroughly prohibitory. His fifth proposition reads as follows: "In Europe, and in other grape-growing areas of the earth, mild wines are used from babyhood to old age, and they do not seem to produce a nation of drunkards." Sixth. "Similar remarks may be made on lager beer and its effects." Much might be said, if space permitted, in disproof of these propositions, but perhaps a few statements recently published by French physicians will be most in point. "A very interesting work, Le Statistique de l'Alcoholisme, by Dr. Decaisne," says *The Boston Journal of Chemistry* for August, "has just appeared in Paris." "The author considers that the abuse of alcoholic drinks has become, in France, a social question of the highest importance and a source of public danger." According to statistics given, its use, per head of the population, has more than doubled within forty years. "Not only has the consumption of spirits increased through France, *but alcoholic drinks have displaced, to a considerable extent, the use of wines and cider in the districts where vines and apples most abound*, and every where the increase of insanity, suicide, vice and crime has been in proportion to that of intoxicating drinks," &c. Also, in point, a case recently reported by M. Vernay in *The Lyon Medicale*, and re-published in *The Medical News and Library* of June, 1873, where an infant rather mysteriously suffered from convulsions, until it was found that "the nurse took six or eight glasses of French wine daily, and some more at night." When the wine was discontinued, the convulsions ceased, &c.

And, further, as the JOURNAL seems to reverence medical authority, let us briefly present the authority of English and New York physicians on certain points, in excuse for the asserted stupidity of "pie and bean fed" prohibitionists, and "our country practitioners," and, also for "the wretched physique of the poorer classes of Americans in the country." The New York physicians, Delafield, Parker, Clark, Peaslee, Agnew, &c., recently signed a declaration stating, among other things, that, in view of the alarming prevalence and ill effects of intemperance, "We should welcome any judicious and effective legislation, state and national, which should seek to confine the traffic in alcohol to the legitimate purposes of medical and other science, art, and mechanism."

Dr. Carpenter gives the names of many of the most noted English physicians, and says over two thousand have signed a certificate containing, among others, the following declaration. 2. "That the most perfect health is compatible with total abstinence from all intoxicating beverages, whether in the form of ardent spirits, or as wine, beer, porter, cider, &c. &c."

Now, had the JOURNAL dispassionately reflected on the situation, on the rights of society to maintain and improve its status, by all legal and constitutional means, closing the avenues to disease, vice and crime, so far as may be without detriment to the legitimate interests and rights of individuals, would it not have spoken more respectfully of the aims and efforts of a majority of the citizens of an ancient and most respectable Commonwealth, sincerely seeking to diminish or abolish the greatest evil and tyranny that individuals of a "free and civilized community" can be subjected to, "a species of tyranny" more galling and destructive to the welfare of humanity than all the enactments of man towards man, since the world began,—THE TYRANNY OF ALCOHOL!

COUNTRY PRACTITIONER.

DOWN EAST, Sept. 7th, 1873.

MESSRS. EDITORS,—Among your notes and queries in the JOURNAL of Aug. 28th, is one addressed to us country fellows concerning splints, "when

the classical splints are not at hand." For my own part, not being a man of much ingenuity, I can't possibly invent a splint. There isn't room enough in my buggy to carry them with me, and I have often been obliged to let patients get well without them. I remember that my old master used to tell us, that Mr. Cooper (Sir Astley, he meant) said, that "if he should have a fracture of the cervix femoris, he would have his leg put on a pillow, in the most comfortable position possible, and, after the lapse of a few weeks, would get up, and go about, as well as he could with a crutch." Now, I have used Mr. Cooper's treatment, as laid down in his writings, and I have used the treatment spoken of by him; and the patients treated in the latter style always got on the best.

The success in these cases was so good, that I have tried it with other fractures of the lower extremity, and with equal success. I remember that Dr. George Hayward used to show us how to tire out refractory muscles by a weight tied to the foot, and this we country doctors, without ingenuity, do to help our patients along.

Some of us, who read the JOURNAL, though we cannot point to the place, where it is spoken of, remember, that some one advised clean straw for splints, and we can almost always find that. Last week, I sent up to Boston for a few bottles of wine, to J. D. & M. Williams's, and when it came every bottle was put up in straw splints. Just the thing for a broken humerus. I thought then, that their bottle packer ought to be in one of the hospitals. The great advantage of straw is its lightness and cleanliness. Then again, a good pillow makes a good splint for a lower extremity, if it is well tied about the part. One great advantage it has is, that you can't tie it so tight as to impede the circulation.

About in this part of the country, people expect to be hurt in having their bones set, and they express great surprise that the slight pull we give them is sufficient, and relieves pain; and they seem just as well satisfied with a pillow, a small bolster, or a few ounces of straw, as they would with a Baker's harness, or a cord of wood fastened to them.

When I began practice, folks used to dread the time "when the bones will begin to knit, because it will hurt then, if it don't before." Somehow, it seems, with pillows and straw and bolsters, as if knitting was an agreeable pastime with bones. It don't hurt at all.

The longer I practise, the less machinery I want, and the less medicine I can get along with. I was somewhat disturbed a little while ago, when a doctor from a neighboring town said to me, "you fellows that have patients, who get along without medicine and splints, and don't believe in dosing, as you say, had better keep your opinions to yourselves, and not spoil our business."

If you think, therefore, "respublica detrimentum caperet" by anything I have written, why don't print it. Yours, RUSTICUS.

MESSRS. EDITORS,—In the JOURNAL of Aug. 28th, a description of improved apparatus for common fractures is asked for. Now it seems to me that usually but little apparatus is required, and that thin, smooth board, tin angular splints, hoop-iron, pasteboard, a pulley, adhesive plaster and plaster of Paris are a tolerably complete equipment. The board will supply straight and coaptation splints; pasteboard or felt can be moulded to any desired shape, and strengthened by hoop-iron, or by gluing together several thicknesses. A pulley, inserted into an upright fastened to the bed, provides for extension, a beam under the legs for counter-extension, and bricks or flatirons make handy weights. Any box is potentially a fracture box, and plaster of Paris is almost everywhere admissible. These so well take the place of "classical splints," that any ingenious apparatus hitherto undescribed will be as valuable an addition to a splint-room as it will be to the resources of a country practitioner. C. A. LOVEJOY, M.D.

Lynn, Aug. 30th, 1873.

Medical Miscellany.

DR. DAVID P. SMITH, of Springfield, has been appointed Professor of the Theory and Practice of Medicine, at Yale Medical School.

WE regret to hear that M. Littré, the celebrated French lexicographer, who has just completed his Dictionary of Medicine, Surgery, and the Allied Sciences, is suffering from a malady which it is feared will shortly prove fatal.

ADHESIVE PLASTER.—According to Otto Facilides, adhesive plaster, which has become brittle by age, and has lost its adhesive qualities, may be rendered adhesive again by coating it with oil of turpentine, by means of a sponge, and leaving it exposed for a day.—*Am. Practitioner.*

SUBCUTANEOUS INJECTIONS.—Dr. Constantin Paul recommends glycerine as a dissolvent for subcutaneous injections. He considers it to be far superior to water, alcohol, etc.; it is neutral, can be kept easily, and is, of all liquids, the one which approaches the nearest to the composition of subcutaneous cellular tissue.—*Lancet*, Aug. 2, 1873.

MEANS OF DIAGNOSTICATING LIPOMATA.—A character peculiar to lipomata resides in the property belonging to all fatty tumors of hardening under the action of cold. When, after the use of ice or the ether spray, in the case of a doubtful tumor, the growth is felt to become harder, the presumption is that the case is one of lipoma.—*Rev. Méd. Phot. des Hôpitaux.*

WE are in receipt of the sixty-first Annual Announcement of the Medical Institution of Yale College. We notice that, in the spring term, the students are classified according to their time of study, and the three classes have appropriate work in the form of recitations and lectures, laid out for them. The vacancy made by the resignation of Prof. Ives, has been filled by the appointment of Dr. D. P. Smith.

BEWARE OF OFFICE THIEVES.—A gang of these gentry have been "operating" quite extensively during the present month, in the offices of many physicians in this city. The man who calls asks for the doctor, waits a few minutes and then makes off with whatever he can lay his hands upon. In the description given, we find that loose, dark clothes and long, black hair figure conspicuously.

IT will be remembered that the veteran English physician, Sir Henry Holland, closed his delightful volume of "Recollections" last year with observing that the foreign journeys which he had been in the habit of taking annually for fifty years were probably at an end, and that "in future" (he was 85 as he wrote) he should restrict himself to a narrower circle. He has changed his mind, however. The gallant doctor has just left London on his ordinary two months' tour, for a place as distant from his home as Nijnii Novgorod, where he trusts to see for himself a fair, of which every one who knows anything of Russia has heard.

DR. JOSEPH BELL of Edinburgh, in a paper on surgical cases in relation to temperature, lays down the following axioms.

1. Suppuration, even very profuse, does not necessarily imply any great rise in temperature, so long as it is not putrid.
2. Fœtor or putrefaction of suppuration always induces a rise in temperature.
3. A high temperature, lasting for more than three or four days after the injury or operation, indicates mischief impending, such as sloughing or abscess.
4. The temperature generally gives warning a day, or even two days, before the pulse.

THE cholera is now worse at Berlin than at Vienna. The overcrowding of the North German city has re-inforced the epidemic most effectively. In the Friedrichstrasse, the 2nd Grenadier Regiment of the Guards, after losing from twenty to thirty men in each company, had to be removed to the interior.

MEDICAL AND SURGICAL HISTORY OF THE WAR OF THE REBELLION. It is stated, that in many parts of the country, persons anxious to consult this valuable government document; are unable to obtain access to it, and that even a copy is not to be found in many of the public libraries. This statement may seem inexplicable when it is remembered that Congress voted 3000 copies of the work, of the 5000 printed, for the use of its members; but an explanation satisfactory to many will be found in the fact, that, in Washington, copies are exposed for sale at prices scarcely more than nominal, and that the trade there is overstocked, and a market for the work has to be sought elsewhere.

How it happened that these copies, which are said to have cost the government $125 apiece, were not distributed among the people, as was intended, but got into the hands of Washington book-dealers, and how they are able to offer them for sale at prices vastly below the original cost, may, perhaps, be explained by honorable members of Congress.—*The Medical News and Library.*

IN the Italian section of the Vienna Exhibition, Dr. Marini exhibits, among an assortment of human feet, hands, legs, arms, and busts of shrivelled proportions and deep brown color, a large, round plateau, evidently of hard and polished material, which has been likened to stale gelatine or potted boar's head. It is a conglomerate of specimens illustrative of an art invented by him—the petrification and mummification of human corpses. It was this very Dr. Marini who petrified Mazzini, and executed his work so well that the admirers of the arch-conspirator proposed to set up the corpse on the capitol and save Italy the expense of a statue. The preparations are weather-proof and will take on high degrees of polish. His mummified specimens, by a process known to him alone, can be restored to their original size and elasticity; while the petrified ones are as hard and possibly as durable as granite. The top slab of the table is composed of muscles, fat, sinews, and glandular substance, all petrified together in a block, the surface of which has been planed and polished until its face resembles marble. Certificates from Nélaton and other distinguished surgeons are attached to the specimen limbs, setting forth that the limbs in question had, for the satisfaction of the certifiers, been restored to their pristine softness and pliancy by Dr. Marini.—*Lancet.*

MORTALITY IN MASSACHUSETTS.—*Deaths in seventeen Cities and Towns for the week ending September* 6, 1873.

Boston, 176—Charlestown, 13—Worcester, 27—Lowell, 27—Milford, 7—Cambridge, 21—Salem, 9—Lawrence, 9—Springfield, 10—Lynn, 16—Gloucester, 13—Fitchburg, 5—Newburyport, 3—Somerville, 9—Fall River, 43—Haverhill, 6—Holyoke, 9. Total, 403.

Prevalent Diseases.—Cholera infantum, 86—consumption, 50—dysentery and diarrhœa 25—scarlet fever, 21—pneumonia, 16—typhoid fever, 15.

Two deaths from smallpox occurred in Holyoke.

GEORGE DERBY, M.D.,
Secretary of the State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, Sept. 13th, 148. Males, 84; females, 64. Accident, 2—abscess, 1—inflammation of the bowels, 1—disease of the bowels, 1—bronchitis, 1—inflammation of the brain, 1—congestion of the brain, 1—disease of the brain, 3—cerebro-spinal meningitis, 1—cholera infantum, 35—cholera morbus, 2—consumption, 20—convulsions, 2—debility, 4—diarrhœa, 2—dropsy, 1—dropsy of the brain, 4—drowned, 1—dysentery, 3—diphtheria, 3—epilepsy, 2—scarlet fever, 11—typhoid fever, 6—disease of the heart, 5—intemperance, 2—disease of the kidneys, 2—disease of the liver, 4—congestion of lungs, 1—inflammation of the lungs, 3—marasmus, 7—paralysis, 3—premature birth, 5—peritonitis, 1—purpura hæmorrhagica, 1—stricture of the colon, 1—suicide, 1—teething, 1—tumor, 1—tabes mesenterica, 1—unknown, 1.

Under 5 years of age, 82—between 5 and 20 years, 9—between 20 and 40 years, 25—between 40 and 60 years, 25—over 60 years, 7. Born in the United States, 113—Ireland, 19—other places, 16.